

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTHState File No. 164aRegistered No. 139

1. PLACE OF BIRTH

County YumaState Arizona

District or Township

or Village

City Maricopa

No.

St.

Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child

Baby Sanchez

If child is not yet named, make supplemental report, as directed.

3. Sex of Child

To be answered ONLY
in event of plural
births.

4. Twin, triplet or other.

7. Date

of birth

March 15-1930
Month Day Year

5. No., in order of birth

8.

FATHER

Full name

Narciso Guerrero

9. Residence

(Usual place of abode)

Not Known

If non-resident, give place and state.

10. Color or race

Mexican

11. Age at last birthday.....(Years)

Not Known

12. Birthplace (city or place)

(State or country)

Not Known

13. Occupation

Nature of Industry

Not Known

14.

MOTHER

Full maiden name

Maria Sanchez

15. Residence

(Usual place of abode)

Maricopa

If non-resident, give place and state.

Arizona

16. Color or race

Mexican

17. Age at last birthday.....(Years)

25

18. Birthplace (city or place)

(State or country)

Mexico

19. Occupation

Nature of Industry

House wife

20. Number of children of this mother

(Taken as of time of birth of child herein
certified and including this child.)4

(a) Born alive and now living

2

(b) Born alive but now dead

2

(c) Stillborn

21. Were precautions taken against ophthalmia neonatorum?

No

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was

Stillborn

on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature

M. E. Castilla

(Physician or midwife.)

Given name added from a supplemental report

Month, day, year

Address

Mi Amigazis

Filed

Apr 12 1930

Registrar.

Registrar.

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